



# Incident Report

**Print Date/Time:** 02/29/2016 15:00  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00003768

**Incident Date/Time:** 2/25/2016 3:38:01 PM  
**Location:** 2705 HARTFORD DR  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 628-8202  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S11	SS0071-Valvick

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HANSFORD, STEVE		(425) 628-8202			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

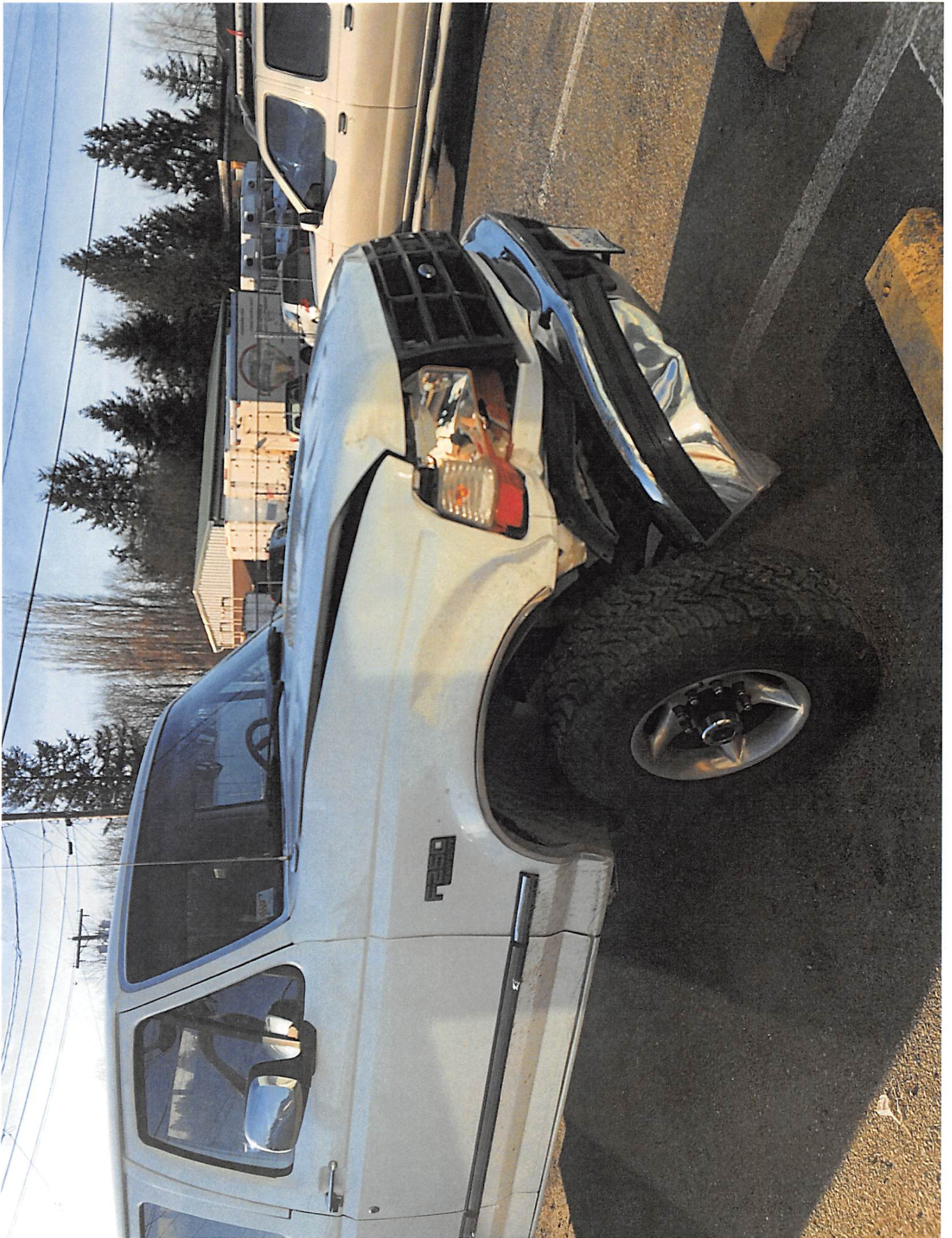
Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**02/25/2016 : 15:39:38 SP0407 Narrative: AA, BOLOD**  
**02/25/2016 : 15:38:50 SP0326 Narrative: CC,NON INJ,NON BLKING- 2 TRUCKS**












**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E518880**
**CASE # 2016-00003768**
**LOCAL AGENCY CODING**
**TOTAL # OF UNITS 02** **OBJECT STRUCK**
**TRIBAL RESERVATION**
**DATE OF COLLISION** 02 - 25 - 2016 **TIME (2400)** 1540 **COUNTY #** 31 **MILES** N ☐ E ☐ IN ☒ S ☐ W ☐ **CITY #** 0664

**ON (PRIMARY TRAFFIC WAY) INTERSECTION** ☐ **NON-INTERSECTION** ☒  
**HARTFORD DRIVE** **BLOCK NO.** ☒ **2600** **MILE POST**
**DISTANCE** **MILES** ☐ **N** ☐ **E** ☐ **OF (REFERENCE OR CROSS STREET)** **FEET** ☐ **S** ☐ **W** ☐
**UNIT 01** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE**
**LAST NAME** BERTINO **FIRST NAME** CARL **MIDDLE INITIAL** A

**STREET NEW ADDRESS** 2425 CALLOW RD

**CITY** LAKE STEVENS **ST** WA **ZIP** 982589516

**CDL** **RESTRICTIONS** **ENDORSEMENTS**
**DRIVER'S LICENSE #** BERTICA419KU **STATE** WA **SEX** M **D.O.B.** 05 - 31 - 1959

**ON DUTY** ☐ **STATUS** **AIRBAG** 2 **RESTR.** 4 **EJECT** 1 **HELMET USE** **INJURY CLASS** 1 **NATURE OF INJURIES**
**LICENSE PLATE #** B53759P **STATE** WA **VIN#** 5TBKT44193S365782

**TRAILER PLATE #** **STATE** **TRAILER PLATE #** **STATE**
**VEH. YEAR** 2003 **MAKE** TOYO **MODEL** PU **STYLE** **VEHICLE TOWED** ☐ **YES** ☒ **NO** **TOWED BY** **GOVT. VEHICLE** ☐ **YES** ☒ **NO** ☐
**REGISTERED OWNER INFO.** CARL BERTINO 2425 CALLOW RD LAKE STEVENS WA 98258

**LIABILITY INSURANCE IN EFFECT** ☒ **INSURANCE CO & POLICY #** ALLSTATE 087 784 550

**VEHICLE LEGALLY STANDING** ☐ **YES** ☐ **NO** ☐ **CITATION #** **CHARGE**
**UNIT 02** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE**
**LAST NAME** HANSFORD **FIRST NAME** STEPHEN **MIDDLE INITIAL** D

**STREET NEW ADDRESS** 12410 10TH ST NE

**CITY** LAKE STEVENS **ST** WA **ZIP** 982580000

**CDL** **RESTRICTIONS** **ENDORSEMENTS**
**DRIVER'S LICENSE #** HANSFSD343QK **STATE** WA **SEX** M **D.O.B.** 11 - 12 - 1966

**ON DUTY** ☐ **STATUS** **AIRBAG** 2 **RESTR.** 4 **EJECT** 1 **HELMET USE** **INJURY CLASS** 1 **NATURE OF INJURIES**
**LICENSE PLATE #** B98605X **STATE** WA **VIN#** 1FTHW26GXVEC26767

**TRAILER PLATE #** **STATE** **TRAILER PLATE #** **STATE**
**VEH. YEAR** 1997 **MAKE** FORD **MODEL** F2PU **STYLE** CW **VEHICLE TOWED** ☐ **YES** ☒ **NO** **TOWED BY** **GOVT. VEHICLE** ☐ **YES** ☒ **NO** ☐
**REGISTERED OWNER INFO.** STEPHEN HANSFORD 12417 10TH ST NE LAKE STEVENS WA 98258

**LIABILITY INSURANCE IN EFFECT** ☒ **INSURANCE CO & POLICY #** LIB MUTUAL A02-26B-107870-70 5 1

**VEHICLE LEGALLY STANDING** ☐ **YES** ☐ **NO** ☐ **CITATION #** **CHARGE**
**OFFICER'S NAME (PRINT)** SGT. C. VALVICK **BADGE OR ID #** 0071 **AGENCY** WA0311900


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E518880**CASE # **2016-00003768**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

On 02/25/2016 at about 1540 hours Unit#2 was traveling north on Hartford Drive when Unit#1 backed out of a parking lot into the roadway. Unit#2 collided with Unit#1, the front passenger bumper of #2 striking the rear passenger bumper of #1.

There were no injuries associated with this collision and both drivers agreed about what had occurred.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**SGT. C. VALVICK**
**02-25-16 04:14 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**SGT. C. VALVICK 0071**

DATE

**2/25/2016 4:15:12 PM**

BADGE OR ID #

**0071**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**3:40 PM**

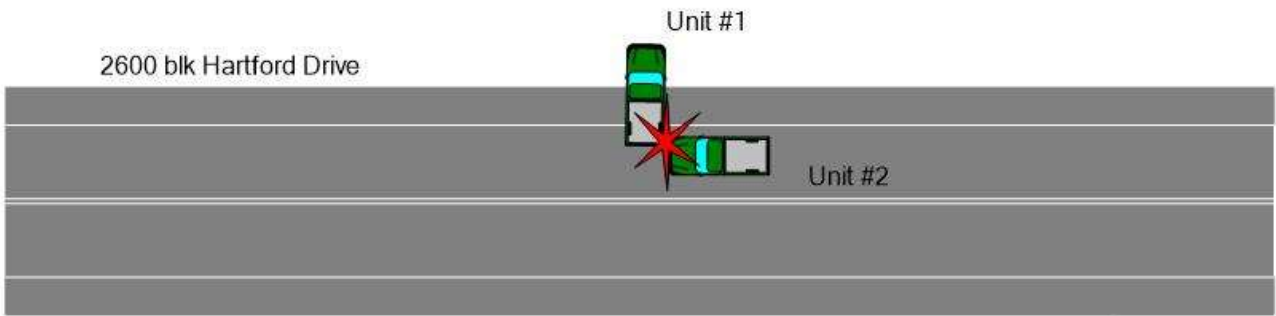
TIME POLICE ARRIVED

**3:46 PM**

REPORT NO. E518880

CASE # 2016-00003768

DATE AND TIME  
OF COLLISION 02/25/16 15:40



NOT TO SCALE

